

<u>Community Develor</u>	oment Bloc	ck Grant – S	nall Business Quarter					
BUSINESS NAME:			PF	HONE:				
MAILING ADDRESS:			EN	MAIL:				
QUARTER:	Dec	c 1st – Feb 28th r 1st – May 31st	Oue December 31 <sup>st</sup> ) Oue March 31 <sup>st</sup> ) Oue June 30 <sup>th</sup> ) Oune September 30 <sup>th</sup> )					
Information about Position	ns within Busi	ness						
Job Categories	Full Time	Part Time (hrs)	Race		Full T	ime	Part Time	1
Managers			White					1
Professionals			Black/African	American				
Technician			Asian					1
Sales			American India	an/Alaskan				1
Clerical			Native Hawaiis Other Pacific I					
Craft Workers (Skilled)			American India Native & Whit	an/Alaskan				
Operators (Semi-Skilled)			Asian & White					
Laborers (Unskilled)			Black/African & White	American				
Service Workers			American India Native					
Other Job Info	Full Time	Part Time	&Black/Africa Other Multi Ra					-
Number of Jobs with	Tun Tine	Tart Time	Other With Ka	aciai				
employer sponsored nealthcare benefit			Income		Full Ti	ime	Part Time	]
Number of Persons unemployed prior to			Very Low Income	ome				
aking job			Low/Moderate	Ingomo				
Has the business hired any omonths? If so what types of filling vacancies?			Greater than Low/Moderate					-
			Other Info	Income	Full Ti	me	Part Time	J I
			Number that co		Tun 11		Turt Time	
			Female Head of Households					
			Hartford Family MSA Size	1	2	3	4	
Do you plan to hire any emponths? If so what types of		next three	Median Very Family Low Income: Income		519,300	\$21,700	\$24,100	\$2
			\$80,300 Low Income Low/Mod Income		632,100 647,700	\$36,150 \$53,650	\$40,150 \$59,600	\$4 \$6





describe the status of you	ar business this past quarter and what accomplis	hments or challenges the business has had.
	-h :f	
eriny and verify that the	above information is true to the best of my kno	wieuge.
(DATE)	(0: 4 )	(Print)
	(Signature)	(Print)
	(Signature)	(Pillit)
,	(Signature)	(Title)
`	(Signature)	
	(Signature)	
	-4843 or email Michiel.wackers@middletownc	(Title) (Organization)
		(Title) (Organization)



<u>Community Develor</u>	oment Bloc	ck Grant – S	nall Business Quarter					
BUSINESS NAME:			PF	HONE:				
MAILING ADDRESS:			EN	MAIL:				
QUARTER:	Dec	c 1st – Feb 28th r 1st – May 31st	Oue December 31 <sup>st</sup> ) Oue March 31 <sup>st</sup> ) Oue June 30 <sup>th</sup> ) Oune September 30 <sup>th</sup> )					
Information about Position	ns within Busi	ness						
Job Categories	Full Time	Part Time (hrs)	Race		Full T	ime	Part Time	1
Managers			White					1
Professionals			Black/African	American				
Technician			Asian					1
Sales			American India	an/Alaskan				1
Clerical			Native Hawaiis Other Pacific I					
Craft Workers (Skilled)			American India Native & Whit	an/Alaskan				
Operators (Semi-Skilled)			Asian & White					
Laborers (Unskilled)			Black/African & White	American				
Service Workers			American India Native					
Other Job Info	Full Time	Part Time	&Black/Africa Other Multi Ra					-
Number of Jobs with	Tun Tine	Tart Time	Other With Ka	aciai				
employer sponsored nealthcare benefit			Income		Full Ti	ime	Part Time	]
Number of Persons unemployed prior to			Very Low Income	ome				
aking job			Low/Moderate	Ingomo				
Has the business hired any omonths? If so what types of filling vacancies?			Greater than Low/Moderate					-
			Other Info	Income	Full Ti	me	Part Time	J I
			Number that co		Tun 11		Tut Time	
			Female Head of Households					
			Hartford Family MSA Size	1	2	3	4	
Do you plan to hire any emponths? If so what types of		next three	Median Very Family Low Income: Income		519,300	\$21,700	\$24,100	\$2
			\$80,300 Low Income Low/Mod Income		632,100 647,700	\$36,150 \$53,650	\$40,150 \$59,600	\$4 \$6





describe the status of you	ar business this past quarter and what accomplis	hments or challenges the business has had.
	-h :f	
eriny and verify that the	above information is true to the best of my kno	wieuge.
(DATE)	(0: 4 )	(Print)
	(Signature)	(Print)
	(Signature)	(Pillit)
,	(Signature)	(Title)
`	(Signature)	
	(Signature)	
	-4843 or email Michiel.wackers@middletownc	(Title) (Organization)
		(Title) (Organization)



<u>Community Develor</u>	oment Bloc	ck Grant – S	nall Business Quarter					
BUSINESS NAME:			PF	HONE:				
MAILING ADDRESS:			EN	MAIL:				
QUARTER:	Dec	c 1st – Feb 28th r 1st – May 31st	Oue December 31 <sup>st</sup> ) Oue March 31 <sup>st</sup> ) Oue June 30 <sup>th</sup> ) Oune September 30 <sup>th</sup> )					
Information about Position	ns within Busi	ness						
Job Categories	Full Time	Part Time (hrs)	Race		Full T	ime	Part Time	1
Managers			White					1
Professionals			Black/African	American				
Technician			Asian					1
Sales			American India	an/Alaskan				1
Clerical			Native Hawaiis Other Pacific I					
Craft Workers (Skilled)			American India Native & Whit	an/Alaskan				
Operators (Semi-Skilled)			Asian & White					
Laborers (Unskilled)			Black/African & White	American				
Service Workers			American India Native					
Other Job Info	Full Time	Part Time	&Black/Africa Other Multi Ra					-
Number of Jobs with	Tun Tine	Tart Time	Other With Ka	aciai				
employer sponsored nealthcare benefit			Income		Full Ti	ime	Part Time	]
Number of Persons unemployed prior to			Very Low Income	ome				
aking job			Low/Moderate	Ingomo				
Has the business hired any omonths? If so what types of filling vacancies?			Greater than Low/Moderate					-
			Other Info	Income	Full Ti	me	Part Time	J I
			Number that co		Tun 11		Tut Time	
			Female Head of Households					
			Hartford Family MSA Size	1	2	3	4	
Do you plan to hire any emponths? If so what types of		next three	Median Very Family Low Income: Income		519,300	\$21,700	\$24,100	\$2
			\$80,300 Low Income Low/Mod Income		632,100 647,700	\$36,150 \$53,650	\$40,150 \$59,600	\$4 \$6





describe the status of you	ar business this past quarter and what accomplis	hments or challenges the business has had.
	-h :f	
eriny and verify that the	above information is true to the best of my kno	wieuge.
(DATE)	(0: 4 )	(Print)
	(Signature)	(Print)
	(Signature)	(Pillit)
,	(Signature)	(Title)
`	(Signature)	
	(Signature)	
	-4843 or email Michiel.wackers@middletownc	(Title) (Organization)
		(Title) (Organization)



<u>Community Develor</u>	oment Bloc	ck Grant – S	nall Business Quarter					
BUSINESS NAME:			PF	HONE:				
MAILING ADDRESS:			EN	MAIL:				
QUARTER:	Dec	c 1st – Feb 28th r 1st – May 31st	Oue December 31 <sup>st</sup> ) Oue March 31 <sup>st</sup> ) Oue June 30 <sup>th</sup> ) Oune September 30 <sup>th</sup> )					
Information about Position	ns within Busi	ness						
Job Categories	Full Time	Part Time (hrs)	Race		Full T	ime	Part Time	1
Managers			White					1
Professionals			Black/African	American				
Technician			Asian					1
Sales			American India	an/Alaskan				1
Clerical			Native Hawaiis Other Pacific I					
Craft Workers (Skilled)			American India Native & Whit	an/Alaskan				
Operators (Semi-Skilled)			Asian & White					
Laborers (Unskilled)			Black/African & White	American				
Service Workers			American India Native					
Other Job Info	Full Time	Part Time	&Black/Africa Other Multi Ra					-
Number of Jobs with	Tun Tine	Tart Time	Other With Ka	aciai				
employer sponsored nealthcare benefit			Income		Full Ti	ime	Part Time	]
Number of Persons unemployed prior to			Very Low Income	ome				
aking job			Low/Moderate	Ingomo				
Has the business hired any omonths? If so what types of filling vacancies?			Greater than Low/Moderate					-
			Other Info	Income	Full Ti	me	Part Time	J I
			Number that co		Tun 11		Tut Time	
			Female Head of Households					
			Hartford Family MSA Size	1	2	3	4	
Do you plan to hire any emponths? If so what types of		next three	Median Very Family Low Income: Income		519,300	\$21,700	\$24,100	\$2
			\$80,300 Low Income Low/Mod Income		632,100 647,700	\$36,150 \$53,650	\$40,150 \$59,600	\$4 \$6





describe the status of you	ar business this past quarter and what accomplis	hments or challenges the business has had.
	-h :f	
eriny and verify that the	above information is true to the best of my kno	wieuge.
(DATE)	(0: 4 )	(Print)
	(Signature)	(Print)
	(Signature)	(Pillit)
,	(Signature)	(Title)
`	(Signature)	
	(Signature)	
	-4843 or email Michiel.wackers@middletownc	(Title) (Organization)
		(Title) (Organization)



<u>Community Develor</u>	oment Bloc	ck Grant – S	nall Business Quarter					
BUSINESS NAME:			PF	HONE:				
MAILING ADDRESS:			EN	MAIL:				
QUARTER:	Dec	c 1st – Feb 28th r 1st – May 31st	Oue December 31 <sup>st</sup> ) Oue March 31 <sup>st</sup> ) Oue June 30 <sup>th</sup> ) Oune September 30 <sup>th</sup> )					
Information about Position	ns within Busi	ness						
Job Categories	Full Time	Part Time (hrs)	Race		Full T	ime	Part Time	1
Managers			White					1
Professionals			Black/African	American				
Technician			Asian					1
Sales			American India	an/Alaskan				1
Clerical			Native Hawaiis Other Pacific I					
Craft Workers (Skilled)			American India Native & Whit	an/Alaskan				
Operators (Semi-Skilled)			Asian & White					
Laborers (Unskilled)			Black/African & White	American				
Service Workers			American India Native					
Other Job Info	Full Time	Part Time	&Black/Africa Other Multi Ra					-
Number of Jobs with	Tun Tine	Tart Time	Other With Ka	aciai				
employer sponsored nealthcare benefit			Income		Full Ti	ime	Part Time	]
Number of Persons unemployed prior to			Very Low Income	ome				
aking job			Low/Moderate	Ingomo				
Has the business hired any omonths? If so what types of filling vacancies?			Greater than Low/Moderate					-
			Other Info	Income	Full Ti	me	Part Time	J I
			Number that co		Tun 11		Tut Time	
			Female Head of Households					
			Hartford Family MSA Size	1	2	3	4	
Do you plan to hire any emponths? If so what types of		next three	Median Very Family Low Income: Income		519,300	\$21,700	\$24,100	\$2
			\$80,300 Low Income Low/Mod Income		632,100 647,700	\$36,150 \$53,650	\$40,150 \$59,600	\$4 \$6





describe the status of you	ar business this past quarter and what accomplis	hments or challenges the business has had.
	-h :f	
eriny and verify that the	above information is true to the best of my kno	wieuge.
(DATE)	(0: 4 )	(Print)
	(Signature)	(Print)
	(Signature)	(Pillit)
,	(Signature)	(Title)
`	(Signature)	
	(Signature)	
	-4843 or email Michiel.wackers@middletownc	(Title) (Organization)
		(Title) (Organization)



<u>Community Develor</u>	oment Bloc	ck Grant – S	nall Business Quarter					
BUSINESS NAME:			PF	HONE:				
MAILING ADDRESS:			EN	MAIL:				
QUARTER:	Dec	c 1st – Feb 28th r 1st – May 31st	Oue December 31 <sup>st</sup> ) Oue March 31 <sup>st</sup> ) Oue June 30 <sup>th</sup> ) Oune September 30 <sup>th</sup> )					
Information about Position	ns within Busi	ness						
Job Categories	Full Time	Part Time (hrs)	Race		Full T	ime	Part Time	1
Managers			White					1
Professionals			Black/African	American				
Technician			Asian					1
Sales			American India	an/Alaskan				1
Clerical			Native Hawaiis Other Pacific I					
Craft Workers (Skilled)			American India Native & Whit	an/Alaskan				
Operators (Semi-Skilled)			Asian & White					
Laborers (Unskilled)			Black/African & White	American				
Service Workers			American India Native					
Other Job Info	Full Time	Part Time	&Black/Africa Other Multi Ra					-
Number of Jobs with	Tun Tine	Tart Time	Other With Ka	aciai				
employer sponsored nealthcare benefit			Income		Full Ti	ime	Part Time	]
Number of Persons unemployed prior to			Very Low Income	ome				
aking job			Low/Moderate	Ingomo				
Has the business hired any omonths? If so what types of filling vacancies?			Greater than Low/Moderate					-
			Other Info	Income	Full Ti	me	Part Time	J I
			Number that co		Tun 11		Tut Time	
			Female Head of Households					
			Hartford Family MSA Size	1	2	3	4	
Do you plan to hire any emponths? If so what types of		next three	Median Very Family Low Income: Income		519,300	\$21,700	\$24,100	\$2
			\$80,300 Low Income Low/Mod Income		632,100 647,700	\$36,150 \$53,650	\$40,150 \$59,600	\$4 \$6





describe the status of you	ar business this past quarter and what accomplis	hments or challenges the business has had.
	-h :f	
eriny and verify that the	above information is true to the best of my kno	wieuge.
(DATE)	(0: 4 )	(Print)
	(Signature)	(Print)
	(Signature)	(Pillit)
,	(Signature)	(Title)
`	(Signature)	
	(Signature)	
	-4843 or email Michiel.wackers@middletownc	(Title) (Organization)
		(Title) (Organization)

Department of Planning, Conservation & Development



BUSINESS NAME:			PHONE:	
MAILING ADDRESS:			EMAH.	
QUARTER:	Dec	ot 1st – Nov 30th c 1st – Feb 28th r 1st – May 31st 1st – Aug 31st	ch 31 <sup>st</sup> ) 2 30 <sup>th</sup> )	
Information about Position	ns within Busi	ness		
Job Categories	Full Time	Part Time (hrs)	Race Full Time Part Time	
Managers			White	
Professionals			Black/African American	
Technician			Asian	
Sales			American Indian/Alaskan Native	
Clerical			Native Hawaiian/ Other Pacific Islander	
Craft Workers (Skilled)			American Indian/Alaskan Native & White	
Operators (Semi-Skilled)			Asian & White	
Laborers (Unskilled)			Black/African American & White	
Service Workers			American Indian/Alaskan Native	
Other Job Info	Full Time	Part Time	&Black/African American Other Multi Racial	
Number of Jobs with			Other Maria Racia	
employer sponsored healthcare benefit			Income Full Time Part Time	
Number of Persons unemployed prior to			Very Low Income  Low Income	
taking job			Low/Moderate Income	-
Has the business hired any months? If so what types of filling vacancies?			Greater than	
<i>g</i>			Low/Moderate Income	_  -
			Other Info Full Time Part Time  Number that consider	4
			themselves Hispanic	
			Female Head of Households	
			Hartford Family 1 2 3 4	5
Do you plan to hire any em months? If so what types of		next three	MSA Size Median Very \$16,850 \$19,300 \$21,700 \$24,100 Family Low Income: Income	\$26,05
			\$80,300 Low \$28,100 \$32,100 \$36,150 \$40,150 Low/Mod Low/Mod Income  \$41,700 \$47,700 \$53,650 \$59,600	

Department of Planning, Conservation & Development



·	ir business this past quarter and what accomplis	shments or challenges the business has had.
	-hifiii	and day
eriny and verify that the	above information is true to the best of my kno	wiedge.
(DATE)	(Signature)	(Print)
(DATE)	(Signature)	(Print)
(DATE)	(Signature)	(Print) (Title)
(DATE)	(Signature)	
(DATE)	(Signature)	
(DATE)  Questions? Call 860-638		(Title) (Organization)
	(Signature)  3-4843 or email Michiel.wackers@middletowno	(Title) (Organization)

Department of Planning, Conservation & Development



BUSINESS NAME:			PHONE:	
MAILING ADDRESS:			EMAH.	
QUARTER:	Dec	ot 1st – Nov 30th c 1st – Feb 28th r 1st – May 31st 1st – Aug 31st	ch 31 <sup>st</sup> ) 2 30 <sup>th</sup> )	
Information about Position	ns within Busi	ness		
Job Categories	Full Time	Part Time (hrs)	Race Full Time Part Time	
Managers			White	
Professionals			Black/African American	
Technician			Asian	
Sales			American Indian/Alaskan Native	
Clerical			Native Hawaiian/ Other Pacific Islander	
Craft Workers (Skilled)			American Indian/Alaskan Native & White	
Operators (Semi-Skilled)			Asian & White	
Laborers (Unskilled)			Black/African American & White	
Service Workers			American Indian/Alaskan Native	
Other Job Info	Full Time	Part Time	&Black/African American Other Multi Racial	
Number of Jobs with			Other Maria Racia	
employer sponsored healthcare benefit			Income Full Time Part Time	
Number of Persons unemployed prior to			Very Low Income  Low Income	
taking job			Low/Moderate Income	-
Has the business hired any months? If so what types of filling vacancies?			Greater than	
<i>g</i>			Low/Moderate Income	_  -
			Other Info Full Time Part Time  Number that consider	4
			themselves Hispanic	
			Female Head of Households	
			Hartford Family 1 2 3 4	5
Do you plan to hire any em months? If so what types of		next three	MSA Size Median Very \$16,850 \$19,300 \$21,700 \$24,100 Family Low Income: Income	\$26,05
			\$80,300 Low \$28,100 \$32,100 \$36,150 \$40,150 Low/Mod Low/Mod Income  \$41,700 \$47,700 \$53,650 \$59,600	

Department of Planning, Conservation & Development



·	ir business this past quarter and what accomplis	shments or challenges the business has had.
	-hifiii	and day
eriny and verify that the	above information is true to the best of my kno	wiedge.
(DATE)	(Signature)	(Print)
(DATE)	(Signature)	(Print)
(DATE)	(Signature)	(Print) (Title)
(DATE)	(Signature)	
(DATE)	(Signature)	
(DATE)  Questions? Call 860-638		(Title) (Organization)
	(Signature)  3-4843 or email Michiel.wackers@middletowno	(Title) (Organization)